

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10531106**

Filing Date

Applicant(s) **Jacobus Van Dongen**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2			---	---		
3			---	---		
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21				1		
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36			---	---		
37				( 1 )		
38			---	---		
39				( 1 )		
40				( 1 )		
41			---	---		
42			---	---		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
Total Indep.	0		1		0	
Total Depend	0	←	22	←	0	←
Total Claims	0		23		0	

	Indep	Depend	Indep	Depend	Indep	Depend
51				1		
52				1		
53				1		
54				1		
55				1		
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